

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

091226 1689

FILING DATE

01-07-99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					101	1
52					102	1
53					103	1
54					104	1
55					105	1
56						
57						
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97						
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99						
100						
TOTAL IND.		↓	17	↓		↓
TOTAL DEP.		↓	27	↓		↓
TOTAL CLAIMS			34			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS